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Atty. Docket No. COR21 P304

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

March 28, 2005
Date

Kimberley J. Cousineau
Kimberley J. Cousineau

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3761
Examiner : Lewis, Kim M.
Applicant : Gary W. Cleary et al.
Appln. No. : 10/625,327
Filing Date : July 23, 2003
Confirmation No. : 7765
For : **ULTRA THIN FILM TRANSDERMAL/DERMAL OR TRANSMUCOSAL/
MUCOSAL DELIVERY SYSTEM**

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith are a Return Postcard and a Response (16pgs) in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	40	Minus	40	= 0	x \$25	\$0.00	X \$ 50	\$0.00
Independent Claims	4	Minus	4	= 0	x 100	\$0.00	X \$200	\$0.00
First Presentation of Multiple Dependent Claims \$180						\$0.00	X \$360	\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00		\$0.00

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Each Additional Group of 50 Pages That Exceeds 100 Pages

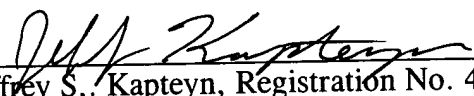
Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
1	Minus	1	= 0	x \$125	\$0.00	X \$250	\$0.00

1. x Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. x No additional fee is required.
3. A fee of \$_____ to cover the cost of the additional claims added by this response is enclosed.
4. A fee of \$_____ to cover the application size fee is enclosed.
5. x Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

3/28/05
Date

JSK:kjc


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Dear Sir:

REPLY UNDER 37 C.F.R. §1.111

Amendments to the specification begin on page 2 of this paper.

Amendments to the claims are reflected in the listing of claims which begins on page 5
of this paper.

Remarks begin on page 13 of this paper.